(2 vs. 4 days); risk of re-intervention at 5 years (7% vs. 15%); complexity of follow-up (with vs. without CT examination); risk of major complications (2% vs. 5%); additional cost of intervention (€0 vs. €2000). The respondents were asked to choose the preferred described treatment among the options presented. The relative importance (RI) of each characteristic included in the scenarios was estimated by adopting a conditional logistic regression model. **RESULTS:** 157 patients, 102 caregivers and 30 surgeons from 9 Italian hospitals participated. Patients' mean age = 72.6 (49–88) years, male = 91.7%. Fifty-four percent were expecting to undergo repair intervention, the others already received endovascular (43.4%) or surgical (50.6%) treatment. Overall, major complication risk was considered the most important characteristic (RI = 42.3%), then cost (RI = 24.5%), risk of re-intervention at 5 years (19.2%), recovery time (RI = 9.0%), complexity of follow-up (RI = 8.7%). Type of anaesthesia was considered the least important characteristic (RI = 3.6%). Subgroup analyses showed some different preferences: only patients considered significant the recovery time and only physicians assigned significant importance to the complexity of follow-up. **CONCLUSIONS:** While some characteristics (e.g. major complication rate) obtained the anticipated relative importance, other attributes (type of anaesthesia, follow-up, cost) showed different values than expected. Knowledge of preferences for AAA treatment options that can influence decision making and/or benefits can help to optimize treatment strategies.

PCV138

COMPARATIVE RESEARCH BETWEEN ORAL AND SUBCUTANEOUS THROMBOPROPHYLAXIS: THE STOPWATCH PROJECT

Quante M[1], Thate-Waschke IM[2]
[1]Klinikum Neustadt GmbH & Co. Betriebs-KG, Neustadt in Holstein, Greece, [2]Bayer Vital GmbH, Leverkusen, NRW, Germany

OBJECTIVES: Venous thromboembolism (VTE) is a common disorder. In Germany the current standard of thromboprophylaxis is subcutaneously administered low-molecular-weight heparin. Meanwhile, orally administered alternatives are available. Primary objective of the study was to investigate patient burden and preferences and time consumption in the use of thromboprophylaxis. **METHODS:** The open, prospective observational study, enrolling adult patients after elective total hip (THR) and knee (TKR) replacement, was carried out from October 2008 until March 2009. Time was recorded for individual steps in the administration process ranging from syringe preparation, syringe administration, tablet preparation to tablet administration. Furthermore patient-satisfaction, burden of daily subcutaneous administration and daily intake of tablets were recorded. Preference of patient for an oral or subcutaneous administration was inquired. **RESULTS:** The investigations were conducted in 6 general hospitals and 6 rehab centers. 178 patients answered the questionnaire (41.4% TKR, 58,6% THR). The patients were on average 68.38 years old (SD: 9.82; TKR: 69.69 years, SD: 7.31; THR: 67.22 years, SD:11.29), 73,6% (TKR: 81,9%, THR: 67.6%) regularly (longer than 6 months) take tabletts. Most of the patients (71.9%, TKR: 72.2 %; THR: 70.59%) would prefer a tablet. Total time required for syringe preparation and administration was 73.11 sec (SD: 34.06 sec) compared to 26.98 sec (SD: 19.41 sec) for tablet. Most time-consuming process was syringe administration (50.27 sec, SD: 31.22 sec), followed by syringe preparation (22.84 sec, SD: 13.61 sec), tablet administration (18.17 sec, SD: 18.52) and preparation of tablet (8.82, SD: 5.79). **CONCLUSIONS:** Occasionally, only little data were available for patient preferences and burden of subcutaneous administration compared to oral medication. The majority of patients would prefer the intake of a tablet. Also it was shown that in daily hospital routine a reduction of total time for thromboprophylaxis by using a tablet instead of a syringe is possible.

PCV139

PREFERENCE AND WILLINGNESS-TO-PAY STUDY TO ASSESS THE VALUE OF AN ANTICOAGULATION THERAPY MODELLED ON DABIGATRAN ETEXILATE USING DISCRETE CHOICE ANALYSIS: A UK PILOT STUDY OF ATRIAL FIBRILLATION PATIENTS RECEIVING WARFARIN

Robinson P[1], Cottrell S[2], Tilden D[2], LeReun C[3]
[1]Boehringer Ingelheim Ltd, Bracknell, UK, [2]THEMA Consulting Pty Ltd, Sydney, Australia, [3]Independent Statistician, Carrigaline, Ireland

OBJECTIVES: To assess preferences for and valuation of attributes of anticoagulation therapy (ACT) modelled on the oral direct thrombin inhibitor dabigatran etexilate (DAB) relative to warfarin in UK atrial fibrillation (AF) patients receiving warfarin. **METHODS:** The pilot study employed discrete choice analysis to derive preference and willingness-to-pay (WTP) estimates, based on treatment attributes that distinguish DAB from warfarin. Attributes included: dose frequency; anticoagulation monitoring; diet, alcohol and certain analgesic restrictions; use of different tablet strengths to make up correct daily dose. Stroke risk on therapy was assumed not to differ between DAB and warfarin. AF patients (n = 32) currently receiving warfarin (mean time on therapy = 45.0mo) were asked to make pair-wise medication choices between a fixed scenario representing warfarin and 12 alternatives, including a scenario modelled on DAB, first without and then with consideration of cost. Comparisons were designed to elicit trade-offs to determine preferences. Statistical analysis (logistic regression models) of preference without cost consideration excluded any irrational traders. Analysis of WTP excluded both irrational and non-traders. **RESULTS:** Rational respondents (n = 30) showed no significant preference between an ACT modelled on DAB and warfarin (OR = 0.95 [95%CI: 0.28–3.25]). However, respondents significantly preferred a medication that avoided different tablet strengths (p = 0.011), i.e., an attribute in favour of DAB. Rational traders (n = 19) were willing to pay an incremental £26.60 [95%CI: −66.00, 128.00] per month for DAB. A demand curve indicated that 72% and 50% would choose DAB over warfarin at an incremental cost of zero and £40 respectively. **CONCLUSIONS:** AF respondents receiving warfarin showed indifference between an ACT modelled on DAB and warfarin, perhaps reflecting respondents' familiarity and success with, and acceptance of the limitations of warfarin. Among respondents who were willing to trade, WTP for DAB was not significant. This pilot was limited by the high proportion (41%) of non-traders in the study.

PCV140

PREFERENCE AND WILLINGNESS-TO-PAY STUDY TO ASSESS THE VALUE OF AN ANTICOAGULATION THERAPY MODELLED ON DABIGATRAN ETEXILATE USING DISCRETE CHOICE ANALYSIS: A UK PILOT STUDY OF WARFARIN-NAÏVE ATRIAL FIBRILLATION PATIENTS

Cottrell S[1], LeReun C[2], Tilden D[1], Robinson P[3]
[1]THEMA Consulting Pty Ltd, Sydney, Australia, [2]Independent Statistician, Carrigaline, Ireland, [3]Boehringer Ingelheim Ltd, Bracknell, UK

OBJECTIVES: To assess preferences for and valuation of attributes of an anticoagulation therapy (ACT) modelled on the oral direct thrombin inhibitor dabigatran etexilate (DAB) relative to warfarin in UK atrial fibrillation (AF) patients, naïve to warfarin. **METHODS:** The pilot study employed discrete choice analysis to derive willingness-to-pay (WTP) estimates as a measure of preference, based on treatment attributes that distinguish DAB from warfarin. Attributes included: dose frequency; anticoagulation monitoring; diet, alcohol and certain analgesic restrictions; use of different tablet strengths to make up correct daily dose. Stroke risk was assumed not to differ between DAB and warfarin. Warfarin-naïve AF patients (n = 32) made pair-wise medication choices between a fixed scenario representing warfarin and 12 alternatives, including a scenario modelled on DAB, first without and then with consideration of cost. Comparisons were designed to elicit trade-offs to determine preferences. Statistical analysis (logistic regression models) of preference without cost consideration excluded any irrational traders. Analysis of WTP excluded both irrational and non-traders. **RESULTS:** When cost was not considered, rational respondents (n = 30) showed significant preference for an ACT modelled on DAB over warfarin (OR = 3.65 [95%CI: 1.09–12.22]). Avoiding different tablet strengths was a significant choice driver (p = 0.006). Rational traders (n = 18) were willing to pay an incremental £73.90 [95%CI: 17.30–141.40] per month for DAB. A demand curve indicated that 88.4% would choose DAB over warfarin at zero incremental cost and >50% would choose DAB at an incremental of £49. In these respondents, avoiding INR monitoring was a significant choice driver (p = 0.039). **CONCLUSIONS:** Warfarin-naïve AF patients showed a strong preference for an ACT modelled on DAB over warfarin. Among respondents who were willing to trade, there was a significant WTP for the convenience of DAB. This pilot study of WTP was limited by the high proportion (37.5%) of respondents who were unwilling to trade.

PCV141

UPPER GASTROINTESTINAL SYMPTOMS IN PATIENTS WITH CARDIOVASCULAR RISK TAKING LOW-DOSE ACETYLSALICYLIC ACID: AN OBSERVATIONAL STUDY

Sörstadius E[1], Thompson VJ[2], Pratt SE[3], Delgado JP[4], Elkin E[5], Nauclér E[1], Næsdal J[1], Junghard O[1]
[1]AstraZeneca R&D, Mölndal, Sweden, [2]Libra Clinical Research Associates LLC, Brick, NJ, USA, [3]Harmony Clinical Research, San Ramon, CA, USA, [4]Integrated Medical Research, Ashland, OR, USA, [5]ICON Clinical Research, San Francisco, CA, USA

OBJECTIVES: To explore upper gastrointestinal (GI) symptoms in patients with cardiovascular (CV) risk who require low-dose acetylsalicylic acid (ASA; aspirin) therapy, and patients' evaluation of GI symptoms. **METHODS:** This multicentre, observational study (ClinicalTrials.gov identifier: NCT00681759; AstraZeneca study code: D961FC00004), conducted at 77 centres in USA, Canada and France, included patients ≥18 years at risk of or with CV disease, prescribed daily low-dose ASA (75–325 mg) within the past 5 years or who were about to begin low-dose ASA therapy. Patients were surveyed to collect 12-months retrospective data on: GI symptoms, low-dose ASA use, and the impact of dyspeptic symptoms on adherence to low-dose ASA and other CV medications. Patients completed the 12-item Short-Form Health Survey (SF-12), the Hospital Anxiety and Depression Scale (HADS) and the 8-item Morisky Medication Adherence Scale (MMAS-8). **RESULTS:** In total, 1770 patients (mean age 57 years; 54% women) were assessed; 81.0% were aged <70 years. Most patients (71%) needed low-dose ASA for secondary or high-risk primary CV prevention; 29% of patients were low-dose ASA-naïve. Among patients with GI symptoms (n = 935) in the past year, 547 (58.5%) experienced GI symptoms within 14 days prior to survey completion. Of these, 380 (69.5%) attributed sleeping difficulties during the previous week to their GI symptoms; one quarter described sleeping difficulties as occurring often or daily. A total of 366 patients (66.9%) had dyspeptic symptoms in the past 14 days. Patients who experienced dyspeptic symptoms had significantly worse SF-12 domain scores (all $p < 0.01$) and HADS anxiety and depression domain scores ($p < 0.01$) than those without dyspeptic symptoms. Patients with dyspeptic symptoms taking CV medications, had significantly lower CV medication compliance scores, than patients without dyspeptic symptoms (p = 0.03). **CONCLUSIONS:** Among patients requiring low-dose ASA for cardioprotection, those who experience dyspeptic symptoms report worse health scores, increased anxiety and depression levels, and poorer compliance with CV medications.